

Vermont Medicaid EHR Incentive Program



Eligible Professional Audit Tip Sheet

The best time to prepare for an audit is at the time of attestation. Providers who receive an Electronic Health Record (EHR) incentive payment through Vermont Medicaid may be subject to an audit.

Below are some helpful tips for audit preparation.

Process	Tip
Audit Documentation	 Eligible professionals (EPs) should retain relevant supporting documentation (in either paper or electronic format) used in the completion of your EHR Incentive Program application. Documentation should be retained for six years post-attestation.
Audit Selection	 A random sample of auditees is pulled for each program year. More than one provider from a group may be selected for audit.
Audit Notifications	Once selected, auditees will be notified via email and certified mail.
Information Request	 Notification from the Auditor will include a document request list that will be used to validate program eligibility, patient volume, and Meaningful Use (MU) requirements. Requests will vary, but may include the following: A patient-level detail volume report. The report should support the numbers in your attestation (numerator and denominator). Running and maintaining a detailed patient volume report is recommended at the time of attestation to support reported volume. Please see our Patient Volume Data tool available here: http://healthdata.vermont.gov/ehrip/PatientVolume A copy of the MU report used to perform your attestation including the numerator and denominator values for each measure, including CQMs. The time period covered by the report should match the attested reporting period. The MU dashboard report alone is not sufficient to meet all the objectives. Documentation is required to support the yes/no measures and exclusions. Examples: Protect Electronic Health Information A dated report that documents the process used to perform the security risk analysis, including addressing the security (to include encryption) of ePHI, and the results of the
	review. The report should include evidence to support that it was generated for your EHR (e.g., identified by NPI, provider name, practice name, etc.). A corrective action plan for addressing any identified deficiencies, if applicable. Clinical Decision Support Rule (CDS) Implementation & Compliance A written description of what CDS rule(s) was implemented. Screen shots of rule(s) being used, dated during the MU reporting period. Evidence supporting EP's ability to track CDS compliance, such as an EHR audit log, custom report, or written description.
	 Requested information should be transferred securely via the State of Vermont's secure email portal. The Auditor will provide you with secure email instructions. Information should be provided to the Auditor in a timely manner. Information should be clearly labeled and organized.

Disclaimer: The information provided is only intended to be a general guide. It is not intended to take the place of either the written law or regulations.